



IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Applicant(s): James M. Murduck

Application No.: 10/670,101

Filed: September 24, 2003

For: Al/AlO_x/Al RESISTOR PROCESS FOR

INTEGRATED CIRCUITS

Group Art Unit: 2815

Examiner: Wojciechowicz, Edward J.

Customer No.: 27160

Confirmation No.: 8150

CERTIFICATE OF MAILING

I hereby certify that this paper is being deposited with the United States Postal Service as first class mail in an envelope addressed to: Mail Stop Amendment, Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on this date.

11-12-04

Date /

RESPONSE TO RESTRICTION REQUIREMENT TRANSMITTAL

Mail Stop Amendment Commissioner for Patents P.O. Box 1450 Alexandria, VA 22313-1450

Dear Sir:

Transmitted herewith is an Amendment in the above-identified application.

1. () A paper requesting correction/substitution of drawings is attached.

2. Fee for Claims

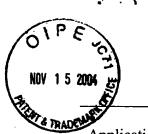
(X) No additional fee is required.

The fee for additional claims in accordance with 37 C.F.R. §1.16(b)-(d) has been calculated as shown below:

| | | | | SMALL ENTITY | | OTHER THAN A SMALL ENTITY | |
|-----------------------------------|--|---------------------------------------|------------------|--------------|-------------------|---------------------------|-------------------|
| | Claims Remaining After Amendment | Highest No. Previously Paid for | Present Extra | Rate | Additional Fee | Rate | Additional Fee |
| Total | 12 | Minus | | x 9 | | x 18 | |
| Indep. | 2 | Minus | | x 42 | | x 84 | |
| Fee for Multiple Dependent Claims | | | | | | +280 | |
| | | T | OTAL ADDITIO | NAL FEES | | OR | |

AMENDMENT TRANSMITTAL Attorney Docket No. 12-1054

| | 3. | Method of Payment of Fees | | | | | |
|----|-----|--|--|--|--|--|--|
| | () | Enclosed is our firm check in the amount of: \$ | | | | | |
| | () | Charge \$ to Deposit Account No. 50-1214. | | | | | |
| 4. | (X) | The Commissioner is hereby authorized to charge any additional fees which may be required in this application under 37 C.F.R. §§1.16-1.17 during its entire pendency, or credit any overpayment, to Deposit Account No. 50-1214. Should no proper payment be enclosed herewith, as by a check being in the wrong amount, unsigned, post-dated, otherwise improper or informal or even entirely missing, the Commissioner is authorized to charge the unpaid amount to Deposit Account No. 50-1214. This sheet is filed in duplicate. | | | | | |
| | | Respectfully Submitted, | | | | | |
| | | By: Solin S. Paniaguas Registration No. 31,051 | | | | | |
| | | KATTEN MUCHIN ZAVIS ROSENMAN 525 West Monroe Street, Suite 1900 Chicago, Illinois 60661-3693 (Direct) Phone No. (312) 902-5200 (Direct) Fax No. (312) 577-4532 | | | | | |



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11-12-04 Date Jewelle a. Reitz

RESPONSE TO RESTRICTION REQUIREMENT

Sir:

Amendments to the Claims are reflected in the listing of claims which begins on page 2 of this paper.

Remarks are reflected on page 5 of this paper.